



CONSTRUCTION CHANGE INITIAL SUBMITTAL CHECKLIST E-4

Development Services

Engineering Department

1635 Faraday Avenue

760-602-2750

www.carlsbadca.gov

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

Project ID _____ Project Name _____

DWG No. _____ Project Engineer _____

- Fee schedules and forms are located on the engineering page of the City of Carlsbad's web site at www.carlsbadca.gov/engineering/index.html. Submittals may be rejected if the submittal package is incomplete or current forms are not used.
- Items marked with an asterisk (*) must be completed by an appropriately licensed engineer.

Revision No.: _____ Revised Sheet No(s): _____

Type of revision(s) proposed:

_____grading _____street _____storm drain _____sewer, water, or reclaimed water

_____other: _____

THE FOLLOWING ITEMS MUST BE INCLUDED IN THE INITIAL SUBMITTAL:

All items must be submitted unless an item is marked "N/A" and initialed by city engineering personnel.

- _____ 1. This submittal checklist
- _____ 2. Transmittal from engineer of work listing all items being submitted
- _____ 3. *Four sets of prints showing proposed redlined changes on city-approved plans, folded to 9" X 12"
- _____ 4. *Copy of supporting calculations/reports (if applicable)

_____ 5. Fee

Minor Construction Change fee applies to a simple revision not requiring a review of calculations/reports, a review of the conditions of approval, or a determination of substantial conformance.

Major Construction Change fee applies to a revision involving complex changes to the plans and/or changes requiring a review of supporting documents.

_____ 6. Other: _____

COMMENTS _____

SUBMITTAL COMPLETE. CHECKED BY _____ DATE _____



CONSTRUCTION CHANGE RESUBMITTAL CHECKLIST E-4

Development Services

Engineering Department

1635 Faraday Avenue

760-602-2750

www.carlsbadca.gov

THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

Project ID _____ DWG No. _____ Revision No. _____

Project Name _____

Plancher _____ Project Engineer _____

- Items marked with an asterisk (*) must be completed by an appropriately licensed engineer.

THE FOLLOWING MARKED ITEMS MUST BE INCLUDED IN RESUBMITTAL:

- _____ 1. This resubmittal checklist
- _____ 2. Transmittal from engineer of work listing all items being submitted
- _____ 3. Copy of previous city transmittal letter
- _____ 4. All previous checkprints of plans, reports, and calculations, as applicable
- _____ 5. *Engineer's cost estimate
- _____ 6. * _____ sets of corrected prints of the plans folded to 9" X 12"
(Distribution: one planchecker, _____ CM&I, _____ other (specify): _____)
- _____ 7. *Corrected copy of supporting calculations and reports
- _____ 8. Department comments: _____ CM&I, _____ Fire, _____ Planning, _____ Transportation,
_____ Streets, _____ Storm Drain, _____ Wastewater, _____ Water, _____ other-specify: _____
(Distribution: to indicated departments)
- _____ 9. Other: _____

PLANCHECKER USE ONLY

Plancheck No. _____

PCE Initials _____

Date _____

COMMENTS _____

SUBMITTAL COMPLETE. CHECKED BY _____ DATE _____



CONSTRUCTION CHANGE MYLAR SUBMITTAL CHECKLIST E-4

Development Services

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THIS SECTION TO BE COMPLETED BY CITY PERSONNEL

Project ID _____ DWG No. _____ Revision No. _____

Project Name _____

Plancher _____ Project Engineer _____

- Items marked with an asterisk (*) must be completed by an appropriately licensed engineer.

The City of Carlsbad has approved this construction revision. Please make changes to the attached original mylars and return them with the following marked items within two weeks:

- _____ 1. This submittal checklist
- _____ 2. Transmittal from engineer of work listing all items being submitted
- _____ 3. Copy of previous city transmittal letter
- _____ 4. *Calculations and reports, signed and sealed, as applicable
- _____ 5. Approved redlines
- _____ 6. *Revised, original mylars and/or replacement mylars, as authorized by city, with revisions drawn in ink and clouded in pencil
- _____ 7. Department Approvals: ____ CM&I, ____ Fire, ____ Planning, ____ Transportation, ____ Streets, ____ Storm Drain, ____ Wastewater, ____ Water, ____ other – specify: _____
- _____ 8. Other: _____

COMMENTS _____

SUBMITTAL COMPLETE. CHECKED BY _____ **DATE** _____